

**COUNTY OF LOGAN, STATE OF ILLINOIS
APPLICATION FOR VOTE BY MAIL BALLOT**

NAME:	
ADDRESS:	
Phone Number:	
Email:	
Date of Birth:	

I certify that I reside at the address specified above, in the stated precinct in Logan County, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein, and that I wish to vote by mail.

I hereby make application for an official ballot to be voted by me at such election, and I agree that I shall return such ballot to the Logan County Clerk issuing the same prior to the closing of the polls on the date of the election or, if returned by mail, postmarked no later than election day, for counting no later than during the period for counting provisional ballots, the last day of which is the 14th day following election day.

I understand that this application is made for an official VOTE BY MAIL ballot to be voted by me at the election specified in this application and that I must submit a separate application for an official VOTE BY MAIL ballot to be voted by me at any subsequent election.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

X

ADDRESS TO WHICH BALLOT IS TO BE MAILED(If Different from above)

X Dated _____, 20 _____

X _____
(Signature of Applicant)

X _____
(Name of Applicant – Please Print)

RETURN THIS APPLICATION TO:
LOGAN COUNTY CLERK, 601 BROADWAY ST., ROOM 20, LINCOLN, IL 62656
THIS APPLICATION MUST BE RECEIVED BY THURSDAY, NOVEMBER 3, 2016